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LIBERIA  
IMPACT STUDY

JOHN F. KENNEDY MEDICAL CENTER

669-0054

LOAN: 6.8M  
GRANTS: 9.2M  
DURATION: 1963-1979  
INITIAL FUNDING: 1961

LIS-I-80  
MONROVIA  
MARCH 1980

## I. INTRODUCTION

The John F. Kennedy Medical Center comprises four separate and distinct institutions (until mid-1979 it included five).

1. John F. Kennedy Memorial Hospital, a 300-bed general medical and surgical teaching hospital and out-patient clinic;
2. Maternity Hospital, a 200-bed and 100 basinet obstetrics and gynecology hospital;
3. Tubman National Institute of Medical Arts, a paramedical training facility;
4. Catherine Mills Rehabilitation Hospital, a 60-bed acute psychiatric facility.

The entire concept of a National Medical Center originated in the mid-1950s under the administration of the late President William V.S. Tubman. The official beginning of the Center can be stated as October 1959 when the Government of Liberia entered into an agreement with a private architectural engineering firm for purposes of constructing a new 200-bed hospital in Monrovia. In February 1961 the firm was instructed by the GOL to contact certain members of the medical profession in Switzerland regarding the design of a Medical College to be integrated with the proposed hospital.

Later in 1961, President Tubman paid an official visit to the United States and met with the late President John F. Kennedy. One of the results of this visit was a joint communique by the United States and the Republic of Liberia stating the United State's interest in helping to finance the construction of a National Medical Center, to support the country's national public health program. This Center would not only provide hospital care for the citizens of Liberia but would serve as a focal point for health services and paramedical training and constitute a referral center for all of Liberia's hospitals and clinics.

The role and composition of the Medical Center has undergone continued refinement over the years. Such change is natural in any evolving health program and can be expected to continue. The primary role, however, that of serving as the nucleus and hub for a national health delivery program, has never been lost sight of and continues to be its foremost function.

The new JFK Memorial Hospital, when it was conceived, was sorely needed. The old Government Hospital's building and equipment were grossly inadequate. Built in 1917 by the Germans as a telegraph cable office, the building design was ill suited for care of the sick, and it had been allowed to deteriorate beyond the point where its reclamation would have been possible, even if it had been desirable. Basic equipment was broken or non-existent, general

sanitation was poor, and there was nothing to encourage or permit an acceptable level of medical care. For example, there was no functioning X-ray machine, the laundry was done by hand as the equipment was out of order, soiled curtains hung in doorways and windows, bedsprings sagged and mattresses were stained and in poor condition, post-operative patients had to be carried down a narrow winding staircase, steps were broken, and wooden floors were uneven. The state of this, the only Government general hospital in Monrovia, reinforces the notion that the modern hospital provided was not a luxury but a necessity. Even in its state of repair, the old Government hospital with 200 beds had an occupancy rate of 99 percent.

## II THE PROJECT

The basic goal of USAID's participation with GOL in this project was to assist the Government of Liberia to improve the quality of life of the Liberian populace by providing improved national public health and family planning services. The purpose was to strengthen and improve the effectiveness of the National Medical Center as the key institution which would serve as the hub of the GOL plan for a nation-wide health delivery system. USAID's assistance would be limited to only three of the four institutional components of the NMC, namely the JFK Memorial Hospital, the Maternity Hospital and the Tubman National Institute of Medical Arts. Basic assumptions for achievement of the project's purpose were: (1) GOL would give the Ministry of Health sufficient authority to implement a National Health Care Delivery System using the NMC as a key element; (2) a Charter would establish the Center and be a guide to project plan implementation; (3) there would be continuity of qualified staff to implement the plans; and (4) there would be continued and increasing GOL financial commitment in proportion to its increased role and decreasing US inputs over time.

The initial input was a US capital loan for \$6.8 million and a concurrent \$1 million contribution by GOL which enabled the construction of the hospital. This was supplemented with a series of technical assistance grants, totalling nearly \$10 million over the period 1961 through 1978 to finance technicians, participant training, and commodities to help staff, equip and operate the hospital.

In 1965 construction of the JFK Memorial Hospital was officially begun. In June 1970 construction was completed and from June 1970 to July 1971 hospital equipment was installed and the building readied for occupancy. The building was dedicated in June 1971 and its first patient was admitted on July 27, 1971. In early 1972 the Center was established as an autonomous agency of Government and operated by a Board of Trustees, directly responsible to the President of Liberia. From the time the National Medical Center became fully operational in 1971 and until USAID activities phased out in 1978, GOL had committed \$34.4 million to its development and operation, exclusive of capital loan servicing and amortization.

## III. IMPACT

### A. General

It is perhaps useful to quote the former Chief Medical Officer of Liberia verbatim:

The development of the National Medical Center has closely paralleled the development of the overall Health Program of the country during the 1970s. During this period, Liberia has managed to pull herself out of the squalor of one of the least advanced health situations in the world, and into what is at least an acceptable standard of health care.

While we still have a long way to go, and while we could do much more, even within our limited resources, it cannot be denied that we have come farther in the health sector during this decade than in any comparable period of time in our history.

To establish a perspective, one might consider the situation as it existed just at the inauguration of the National Medical Center in 1971, and compare that with our position, going into 1980. Despite the burdens of chronic shortages and shortfalls in both manpower and funds, a story of steady progress emerges. In a few instances, the progress has even been outstanding. This has been a period when the national budget for health services increased from \$4.9 million in 1972 to a projected \$25 million for 1980. Of these amounts, operation of the Medical Center consumed \$2.4 million in 1972, and will have consumed \$10.8 million in 1979/1980. In 1971, there were fewer than 30 native Liberians qualified as physicians and dentists. Going into 1980, there are nearly 100 Liberian doctors on record. An even more impressive statistic is the fact that the Medical College of the University of Liberia will have graduated 61 doctors since its first class of four in 1973.

The John F. Kennedy Medical Center has successively evolved in the first eight years of its existence from a Service Hospital to Medical Center, to teaching hospital complex. Despite many difficulties, the Center has filled these expanding roles with some degree of efficiency and it continues to play a crucial role in the Health Care Delivery System for the nation."

The JFK Hospital manages a daily in-patient load of more than 300 and an out-patient load of 450. Even though the hospital is at the apex of the Liberian health care delivery system, and does treat patients from all over the country, the population of Monrovia benefits proportionately more due to its location. It also treats patients from neighboring West African countries, especially for specialized services such as the hospital's cancer treatment facility.

Although the hospital was built with no specific subgroupings of the Liberian population in mind, the bulk of those who come for treatment are a cross-section of Liberian society as a whole and are poor. Fees are therefore minimal, and those who are destitute and are unable to pay even the low fees, receive free medical care, as do children under 5 years. The latter constitute the bulk of the patients which indicates an urgent need for a children's hospital; this would reduce some of the current overcrowding.

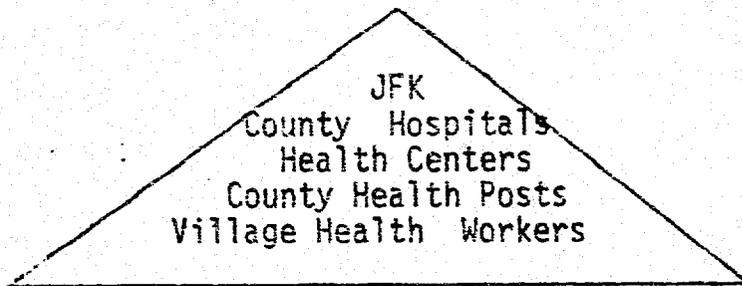
Unfortunately, the hospital is being exploited by those who can pay. For some well-to-do, it has become a nursing home for terminal elderly, while

private companies send their workers for treatment to JFK whereas they are able to pay to send them to private clinics and hospitals. It also serves as the official morgue for the city of Monrovia by default since the Monrovia City Corporation has not seen fit to construct its own. This has created critical space problems.

Salaries of professional staff generally are considered to be too low. Since GOL is unable to raise salaries it is condoning the practice that doctors operate their own private clinics in town and that nurses moonlight on other jobs. This results in higher than desirable absenteeism and patient complaints about interminable waiting times and inability to see doctors.

Finally, the fact that JFK is the central drug supplier for the whole governmental medical structure in the country, drugs at the hospital itself are often in short supply as inventory, reordering and drug security are mis-managed.

Yet, the overall positive impact of the JFK Medical Center and its contribution to raising the quality and quantity of medical care, are indisputable. Since only one third of all Liberians have access to any form of medical care, much more needs to be done. However, the pyramidal system of health care delivery with JFK at the top is conceptually correct:



#### B. Economic Impact

In 1979 the combined institutions which constitute the National Medical Center, employed 1,622 persons, including 75 doctors (half of them Liberians) and 526 nurses, with an annual payroll of \$5.5 million; it purchased other services and materials and supplies worth \$4 million per annum, half of it from local suppliers and distributors. In addition, it made "development" expenditures in excess of \$1 million, the bulk of it for property acquisition in Monrovia. The Ministry of Planning and Economic Affairs estimates that each dollar spent in the Monrovia metropolitan area has a multiplier effect of 4. Therefore, with annual local payments of \$8 million, we are talking about an annual economic impact of about \$32 million as a result of JFK's existence and operation.

Further direct benefits are derived from the TNIMA and the Dogliotti Medical School, which annually graduates over a hundred professional health technicians and medical doctors, for jobs both in the public and private medical doctors at an average annual starting salary of \$3,000 per person. The cumulative

employment effect therefore is quite substantial. Indirect benefits of increased productivity because of a healthier population, are difficult to measure quantitatively.

On the negative side, the annual cost of operating the National Medical Center is enormous and at more than 40 percent of the total health budget, it presents a serious drain on national public finance, since incomes from patient fees are insignificant.

C. Social Impact

The JFK Memorial Hospital services an annual average in-patient component of 302 persons per day, or 110,230 patient days, and has an annual number of out-patient visits of close to 160,000. Its in-patient occupancy rate is 103.3 percent.

The Maternity Hospital in 1979 served 20,378 in-patients for close to 70,000 in-patient days and recorded 56,370 out-patients having received treatment. Its in-patient occupancy rate is 107.5 percent.

The Tubman National Institute of Medical Arts in 1979 had an enrollment of 285, about half of them in the Nursing and Midwifery Program, and graduated 93 trained and certified medical technicians and health service personnel for placement all over Liberia.

Even though the JFK Medical Center alone cannot claim full responsibility for the improvement over time of basic health indicators, it has certainly made a major contribution toward their improvement:

<u>Indicator</u>	<u>1960</u>	<u>1970</u>	<u>Most Recent</u>
Life expectancy at birth	40	47	48
Infant mortality rate	169	159	148
Child mortality rate	36	29	23
Population per physician	12,000	11,590	10,050
Population per nurse	5,710	4,590	3,150
Crude death rate (per 1,000)	25	20	18

Since the National Medical Center is a referral institution of the last resort, it has a predictably high death rate. At JFK Memorial Hospital out of 6,541 in-patients admitted in 1979, 1,285 died (20 percent). Comparable figures at the Maternity Hospital indicate that out of 20,378 patients admitted, 269 (1 percent) died. This has earned the JFK Memorial Hospital the unjustified and unfriendly epithet "Just For Killing". Unfortunately this perceived unfavorable

reputation makes some people reluctant to seek medical attention there, even though it is cheap and easily accessible. 1/

Despite some social drawbacks such as overcrowding, long waiting periods for patients, the non-central location which requires up-country patients to travel great distances to get treatment, and certain preconceived notions by certain segments of the general public about the hospital's high patient death rate, it has had considerable positive social impact beyond mere statistical indication. Some key informants noted that JFK serves the purposes of a "village square", in that there is an incessant coming and going and one can usually find some acquaintances to chat with among the many persons waiting in halls and waiting rooms. Some people just seem to go there for pure gregariousness. Others cite the "welfare" aspects of the hospital, in that poor, destitute and hungry are accommodated and given what they need, be it medical care, a good meal or a used shirt. The transfer of technology too seems to have been largely successful in that technicians have been trained to handle and maintain equipment and a physical plant which is more sophisticated

1/ A random sample of 100 market sellers and shoppers at a centrally located "traditional" market in Monrovia frequented by low-income people, based on responses to the question: "If you got sick where would you go for treatment?" yielded the following distribution:

JFK	-	44 percent
Catholic Hospital	-	19 "
ELWA (Mission) Hospital	-	16 "
Country (native) Doctor	-	6 "
Other	-	15 "

Although such perceived aversion may have merit on the surface, statistically it does not; 98 percent of all deaths of JFK Hospital occurred in the age group of below 5 years, while 43 percent of all deaths occurred within 48 hours of admission (moribund cases), so that generalizations such as made by the general public are unwarranted. Major causes, in descending order, for deaths at JFK Hospital are:

- Bronchopneumonia
- Neonatal tetanus
- Protein-calorie malnutrition
- Measles
- Gastroenteritis
- Anemia;

highly prevalent among infants and young children in Liberia. The country has an infant mortality rate of 148/100 and a child mortality rate of 23/100.

than in many other hospitals in West Africa that are completely staffed and operated by local nationals.

The outreach function of JFK Medical Center has also been found to be a positive social development in that it benefits staff and patients from areas other than Monrovia; especially the support (unspecified) which JFK rendered to the Lofa County Rural Health project, was singled out by one informant in illustration of this outreach function.

#### D. Policy Impact

Very shortly after the JFK Memorial Hospital became operational in 1971, the entire administrative structure of the health services apparatus was radically re-organized. The Government Department became the Ministry of Health and Social Welfare. The Executive Directorship of the Medical Center was reorganized as an autonomous agency of government with its own budget, its own Chief Medical Officer and a General Administrator responsible to a Board. This has worked very well; while there have been five changes of Cabinet Officers heading the Health Services during the period 1971-1979, policy implemented in 1971 has remained essentially unchanged, with emphasis on deployment of facilities to the periphery, while strengthening the Center to serve as the ultimate referral point. JFK Medical Center has made this policy possible.

Knowledgeable informants have indicated that the National Medical Center has indeed become the "hub" of the Liberian health services delivery system by virtue of its high level and diversification of medical expertise and its sophisticated equipment, on the one hand; and because it has become the teaching hospital of Liberia where doctors, medical technicians and health service personnel are trained, on the other hand.

Others cite the policy that children under 5 years old and indigents receive free medical treatment as another example of positive policy change, made possible by the success of the National Medical Center Project.

Success in the area of family planning and child spacing policy remains limited. Liberia has no official policy limiting population growth, although there are no legal constraints to family planning and President Tolbert has expressed himself in support of the concept of family planning:

"Liberia supports the right of access of every individual to the knowledge and means of regulating the size of the family. We also share the view that the size of the family should be subject to the free choice of every parent. In support of these principles, the Liberian Government affirmed on May 1, 1973, that responsible parenthood is just as important as qualitative growth and responsible fiscal policy. Liberia will accordingly give all the assistance within its power to programs connected with the execution of responsible sex education and planned parenthood."

Despite these and other statements GOL has thus far not given much concrete meaning to this view, as Government allocations to family planning activities have been less than 1 percent of the annual health budget allocation. The Maternity Hospital operates a small family planning clinic, the "Well Baby Clinic" with an emphasis on maternal and child health. No separate records are kept for visitors to this clinic, as they are combined with total numbers of out-patients.

Liberia has an annual population growth rate of 3.4 percent, one of the highest in Africa. Until now Government has done little to discourage rapid population growth, although Cabinet level officials in the Ministries of Planning and Finance are becoming increasingly concerned about future implications and the resulting pressures for land, social services and employment. In this light, the project's purpose of "improving national family planning services" has had very limited impact and has not led to policy change.

The National Medical Center project has also had limited impact in changing policy away from an emphasis on curative services toward preventive services. By its very nature, the JFK Center is a curative institution and trains essentially curative services personnel.

In terms of budgetary allocations, preventive services in fiscal 1978/79 were allocated \$989,376 out of a total Health Budget of \$24.5 million, while curative services received almost \$10 million, a ratio of 1 to 10. The urgent need to pay much greater attention to preventive services was voiced by the former Chief Medical Officer in the following statement:

"During the latter part of 1978 a survey was done in the OPD with the view of reorganizing the OPD, because it had been generally observed that this area engages in the monotonous activity of treating patients who return to the same unfavorable environment and who, because of lack of basic knowledge on the part of parents, return to the OPD with the same preventable illness within a short time. ... The most striking thing was that of the 1,000 children chosen at random, 85 percent being under-five, nearly 50 percent had received no vaccination (most in the age group 3-24 months) ... Most patients are brought late to the hospital; diseases seen in the end stages. The preventable diseases (especially measles, PCM, gastroenteritis, neonatal tetanus), are still rampant."

IV. PROBLEMS

A. Budget

The JFK National Medical Center is costly to maintain and operate. Even though GOL from the outset committed itself to assume all recurrent costs once USAID technical assistance phased out, it probably was not realized that the Center would ultimately claim more than 40 percent of total recurrent national health costs. Yet, JFK operating funds are tight and salaries are comparatively low, which causes higher than desired turn-over in personnel and disgruntlement among those who stay. Low salaries, occasional lack of supplies and aging equipment serve as disincentives for staff to perform at optimal levels. Recurrent allocations for last year and the current year have remained largely constant, while patient loads increased 6 percent, the Monrovia price index rose by 15 percent and the cost of imported drugs and supplies increased by 20 percent. Average costs per in-patient day rose from \$25 in 1976 to \$35 in 1979, while the average cost per out-patient visit rose from \$5 in 1976 to \$7 in 1979. The excessive patient load in the face of rising costs and a stationary budget are likely to lead to a deterioration of patient care and health service delivery quality.

B. Overcrowding

In the course of the impact study, the problem which most often was cited was the overcrowding of the facilities. Statistical evidence bears this out. Average occupancy rates for the two institutions showed the following trend:

<u>Institution</u>	<u>1978</u>	<u>1979</u>
JFK Memorial Hospital	97.0 percent	103.3 percent
Maternity Hospital	101.2 "	107.5 "

It is obvious that both hospitals are strained to capacity. A survey of hospital records shows that at JFK 42 percent of all in-patients are children, while children constitute 85 percent of the out-patients. This supports the view of the head of the Pediatrics Department that Liberia urgently needs a children's hospital to lessen the overcrowding at JFK.

Monrovia's recent rapid population growth rate have resulted in a situation where a new hospital which has been in operation for less than 9 years has reached its capacity in dealing with the total patient load. The old Government Hospital had a 200 bed capacity, while JFK Memorial Hospital was originally designed as a 250 bed hospital. Internal rearrangements have added 50 more beds, but that appears to be the limit. With a nationwide annual population growth rate of 3.4 percent and a growth rate of 8 percent for Monrovia, the situation is likely to deteriorate further unless a separate children's hospital is created or present physical facilities at JFK Hospital can be expanded.

### C. Cultural

Many qualified observers have stated that the JFK Memorial Hospital was largely an American transplant into African society. The building design and lay out, although correct for a modern Western hospital, are said not to conform to African cultural patterns, while the equipment supplied was deemed by some to be too sophisticated, which has led to occasional operating and maintenance problems. In addition, according to a nursing supervisor, some Liberian patients in their behavior have turned out to be too unsophisticated for the modern Western-type facility. It is the opinion of the impact study team that such comments, although perhaps based on isolated incidents, are not generally reflecting major problems at JFK.

### V. CONCLUSION

Within less than a decade the JFK Medical Center has succeeded in raising the standard of medical care in Liberia to an acceptable level and has prepared the base for further upgrading, staff development, modernization and expansion of services. Especially, its outreach and training functions for rural health care delivery, although recent, are a very positive development.

The people profiting from this improved care are many. The value in lives saved and the improved health of a large segment of the Liberian population are hard to measure. Its economic and social impacts however are substantial.

There are further needs in relocating the maternity hospital and teaching components, the renovation of certain sections and the construction of a children's hospital. However, overall, the project has had a decidedly positive impact on health care in Liberia generally and in the Monrovia area specifically. The creation of JFK Medical Center was a necessity, not a luxury. Over the years it has grown from a Government Hospital into a modern medical center which provides services, personnel and supplies to the entire health care delivery system in Liberia.

## LESSONS LEARNED

It appears that prior consultation with Liberian experts was in many cases judged to have been inadequate. AID was accused of treating it more as a political project--by talking with politicians and cabinet rank officials-- rather than as a development effort. Many of the doctors and nurses interviewed felt slighted that their opinions hadn't been asked, especially about hospital lay-out and services functions, and when problems crop up, they are ready to point out "I told you so." However, it is difficult to consult everyone and there are bound to be those who felt left-out.

There also seems to have been less than adequate follow-up with regard to returned participants. A number indicated that upon their return from the US they were misassigned to tasks for which they hadn't been trained or given duties which they felt were not commensurate with their perceived newly acquired qualifications.

The PRSA team gets mixed ratings. However, over a 15 year period there are bound to be a number of "outliers" from the norm. The very good ones and very bad ones tend to be remembered, while those who did their jobs and performed adequately tend to be forgotten. There were undoubtedly some Americans who had problems working with blacks and there were probably some who drank to excess, earning sobriquets such as "they were all alcoholics from the Indian Reservations", a comment which could have been glossed over as hyperbole, had it not been made by a Deputy Minister of Health. African sensitivities are many and tender. It is, therefore, important that contractors are sufficiently screened so as to identify potential problems before they come to Africa rather than after they have come and done their damage.

For once AID succeeded in institution-building by sticking with a project until it could stand on its own feet, whereas so often we are accused of pulling out before the job has been completed. This was not the case with the JFK project. We made the commitment and stuck with it, despite congressional reorientations in assistance philosophies and shifting priorities. That in itself spells a considerable measure of success.

The amount necessary to operate the facility consumes more than 40% of the nation's annual health and social welfare budget, and its location close to the sea causes maintenance and upkeep to be much more expensive than necessary. With the benefit of hindsight, perhaps a slightly less grandiose and sophisticated institution, with more bed space and in a location away from the beach might have been preferable.

The project was approved in 1961 when AID's assistance philosophies were different from those of the late 1970's. Yet, in the eyes of Liberians, the hospital in serving the population as a whole, is proportionately of greater benefit to the poor. This is a fortunate coincidence and gives further support to the contention that the project was worth doing and that it has more than succeeded in achieving its basic objectives. Liberians are proud of JFK which is a popular landmark in Monrovia, and is generally known by Liberians throughout the country. The United States government is generally acknowledge for having made the medical center possible.

METHODOLOGY

In consultation with statisticians from the US Bureau of Census (BUCEM) and the Evaluation Officer of AFR/DP, it was decided to test the "key informant" approach as a survey technique, given the limited budget available for impact studies and the time constraints under which these studies are carried out. It was realized that some bias would result; not a bias in points of view but of familiarity and availability. Therefore, random samples of hospital records and interviews with a random sample of potential patients of JFK were carried out in addition to the "key informants" interviews.

This project -- an urban one -- was chosen as one of three to test our approach and methodology and to field-test the questionnaire. Interviews were arranged with 24 key informants of whom 23 were cooperative, although one was excessively hostile to a Liberian interviewer who felt she was being baited for no apparent reason.

The results of the questionnaires were tabulated and are attached in Appendix No. 2. Most of the respondents rated the project "greatly beneficial" (52 percent), while 35 percent rated it "better than average benefit" and 13 percent rated it as having had "average benefit".

The use of Liberian professional survey researchers has, we feel, resulted in less restraint in responding on the part of interviewees who apparently did not use the familiar stance of "telling AID what they think AID wants to hear." The responses are therefore perhaps more truthful and provide greater insight than if we ourselves had undertaken the interviews.

The exercise has not only yielded interesting impact data and perceptions on the project per se, it has also led to a complete revision and reorientation of the survey instrument.

Besides having been an interesting study, it has resulted in a valuable learning experience for USAID Liberia as well as for the contractor, the first private Liberian-owned and staffed management research and consulting firm.

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## QUESTIONNAIRE ANALYSIS

1. Of the 24 key informants contacted, 23 or 95 percent, indicated they were familiar with the joint GOL/USAID project to establish a modern medical center in Monrovia.

2. In response to the question when, how and in what capacity they became familiar with the project, 21 (91 percent) replied they became familiar with it as Liberian Government officials or technicians, while 2 (9 percent) became familiar with it in a private capacity -- both were private medical practitioners.

The breakdown in length of familiarity is as follows:

1961 - 1965	=	5 (23 percent)
1966 - 1970	=	9 (43 percent)
1971 - 1975	=	7 (33 percent)
1975 - 1979	=	0

3. When asked detailed questions about the project, respondents were generally able to identify various project elements.

A. All 23 respondents were able to identify the main objectives of the project.

- Make health care delivery available to a greater portion of the Liberian people;

- To establish a centralized training and referral institution to serve as the apex of the country's health delivery system;

- To help expand health facilities in Liberia by means of a contractual arrangement financed by USG;

- To create one medical center encompassing all elements of health care and medical training;

- To set up a medical center that would cater to the majority of the people; to strengthen the health care delivery system in Liberia; a referral center as well as a teaching hospital.

B. Since it is a facility which serves the country as a whole, all respondents were able to identify the intended beneficiaries, as "all Liberians", while two specifically identified "low-income groups". Because of its location and the heavy population concentration in the greater Monrovia area, some respondents felt that the population of Monrovia probably benefits proportionately more, although the facility is meant to serve the whole population.

C. The location of the beneficiaries was identified by 91 percent of the respondents as throughout Liberia, with again an acknowledgement that people in the Monrovia benefit more because of easier access.

A random sample of 50 out-patient and 50 in-patient cards reveals that the overwhelming majority come indeed from the Monrovia area.

outpatients

referrals/out-of-town	=	8 percent
central Monrovia	=	32 percent
Monrovia suburbs	=	54 percent
outlying metropolitan areas	=	6 percent

inpatients

referrals/out-of-town	=	12 percent
central Monrovia	=	30 percent
Monrovia suburbs	=	50 percent
outlying metropolitan areas	=	8 percent

However, this may be understating the referrals and out-of-town group of patients. The Assistant Director of Statistics in the Medical Records Department at JFK confirms that addresses supplied by patients may not be entirely accurate because many persons from out-of-town usually have relatives living in the Monrovia area (Monrovia's population is more than 80 percent "migrant"), and patients may be giving their relatives' addresses in Monrovia rather than their own locations in the interior.

D. In an attempt to gauge the popular perception as to where the idea for the JFK Medical Center originated, 65 percent identified the Government of Liberia as the originator of the idea, 22 percent thought the concept was a joint one between GOL and USAID, while 13 percent did not know where the idea originated.

E. When asked whether the project was feasible at the time, 87 percent answered "yes", 9 percent answered "no" and 4 percent were not sure or did not know.

F. In response to the question why the US Government provided assistance to help create JFK, 83 percent responded with a variety of perceived reasons, while 17 percent could not answer the question. Among some of the reasons were:

- maybe it was because they were asked and they were fearful that if they did not assist we would go some place else (for assistance);
- because of the cordial relationship (between the US and Liberia) and the financial strength of the US;

- based on the country's need;
- they wanted a memorial to President Kennedy because every country in the world has a memorial for Kennedy; another reason would be a joint development effort;
- America, being the mother country of Liberia, is always willing to help Liberia's future advancement;
- they were trying to fulfill their responsibility to developing countries;
- because we went to ask them and because we regard them as relatives;
- Liberia has always been favored by the Americans; because of Liberia's liberal policies, America could depend on Liberia in case of crisis and needed a friend.

G/H. All respondents confirmed that the facility exists and is operating, while 91 percent stated that the facility had personally affected them.

4. Out of 23 respondents, 61 percent claimed that they had made decisions regarding the project, with the following breakdown of responses:

N=14

<u>Kinds of Decisions</u>		<u>Level of Decisions</u>	
technical/professional	= 64 percent	top level	= 57 percent
economic	= 7 percent	mid-level	= 43 percent
administrative	= 29 percent		

5. Eighty-seven percent of the informants responded that when they became familiar with the project, the decision to go ahead with it had already been made, while 13 percent knew of it before 1961.

6. In terms of adequate consultation between GOL and USAID prior to project start-up, with regard to specifying intended beneficiaries, objectives and organizational focus, 22 percent responded affirmatively, 44 percent responded negatively, 7 percent thought that this was only partially adequate, while 30 percent did not know. Those who did not think that adequate consultation took place, gave the following explanations:

- adequate medical and nursing personnel were not consulted; it was purely the work of politicians;
- architectural design consultation was inadequate; floors should have been conducive to cleaning; no airconditioning in the out-patient department, (It should have taken) into consideration the needs of the people and find money to make the project successful;

- not enough engineers and architects were consulted; many aspects were left out (of the original design) which delayed construction;
- (decisions were) mostly political; this can be seen from the design and location of the structure. (It was) a status of symbol to the wealth of the great USA;
- the design was ill-suited for Liberia; Liberian doctors were not consulted. They just planted their plans on us. The site was badly chosen because it is too close to the ocean; the salt ruins all the equipment;
- no, because if they had consulted the nurses, we could have made some suggestions as to the design of the building. Both in the in-patients and out-patients areas, certain things are missing;
- no, because of its location; it should not have been built on the beach; instead (it should have been built) in an area where the poor are concentrated;
- international donors make most of the decisions without adequately consulting local authorities; and beggars can not be choosers -- our hands were tied;
- not enough input from Liberians who were knowledgeable about the health sector at the time;
- no; they would go to the President (Tubman) and discuss things with him and then inform the Board. I would criticize USAID and their contractors very seriously; they made and carried out decisions without consulting the Board;
- most of the people felt that the design of the building was not the result of adequate consultation with the Liberian medical staff.

7. As to alternative projects to JFK being considered at that time, 83 percent of the respondents did not know about this; 13 percent were sure that no alternative health sector projects were considered; while 4 percent indicated that alternative projects were indeed considered.

8. Eighty-seven percent of those interviewed claimed to know why the JFK project was chosen, while 13 percent did not know the reasons for it. Among the reasons for the choice of the project are the following:

- the old facilities (a former German telegraph office) had become inadequate. A new, larger hospital structure and medical center was needed;
- Liberia needed this facility and this project was more important than others, otherwise (President) Tubman would not have asked for it;

- there was a need for a hospital to cope with the health needs of the growing metropolitan population. There was a need for a referral center for small hospitals and clinics. There was a need to accommodate the medical (and nurses training) schools;
- it was political; to show that the US Government gave Liberia \$X and they built the first medical center in Liberia.

9. There was considerable disagreement over the choice of the location and siting of the hospital. Thirty-five percent felt it should have been placed elsewhere in Monrovia, away from the corrosive effects of the salt sea-air and closer to population concentrations (it is located in the suburb of Sinkor); 30 percent thought it should have been placed somewhere else altogether, since rural health needs are greater; another 30 percent thought it was placed in the right location; while 5 percent did not know.

10. As for the project achieving its objectives, 90 percent responded positively; 5 percent thought it was partly successful, while 5 percent did not think the project succeeded in achieving its objectives. Interviewees were asked to list reasons for success or lack of success. This question apparently failed to elicit the expected response, because interviewees continually cited examples which illustrate its success rather than listing reasons for it. Reasons given for lack of success were: improper/inadequate planning, training problems (too many people trained for certain functions and too few trained for others), poor manpower utilization of returned participants, while the contractor (Indian Health Service, PASA) came in for some criticism as well.

11. When the key informants were asked to comment on what should have been done differently to make the project more successful, only 13 percent responded. It was thought that planning for the project had been faulty; the planners should have anticipated future patient loads. In addition, USAID should have sent a team of evaluators to see what the participants were doing on the job, after they had returned from training in order to initiate more feedback and ensure that participants were employed in work for which they were trained. As it apparently turned out, some were misassigned. Furthermore, it was stated that they did not have "the tools to work with" upon their return. Others thought that GCL should have contracted the management of JFK to a private firm with emphasis on efficiency of its operations. "Funding of JFK's operations without regard for efficiency tends to misallocate needed money, which could have been used better in other areas." This particular interviewee illustrated this lack of efficiency by observing that there are no standards and no performance evaluations at JFK and as a result "everyone does what he/she feels like doing."

12. When asked to rate the importance of the project inputs on a scale from 1 (low) to 5 (high), interviewees comments when they rated various inputs low, were:

- facilities and equipment were too sophisticated;
- technicians: some were wearing their color on their sleeves, like the (function and name supplied) who thought that the black man could not do a thing;

- logistical support: most of it was not in our best interest;
- technicians: (Indian Health Service, PASA) were mostly alcoholics from the Indian reservations.

13. Key informants were then asked whether they considered the project to have been adequately funded. Of the 23 persons polled about funding during USAID assistance, 70 percent found funding adequate while 9 percent found it inadequate; 21 percent did not know enough about funding to meaningfully respond. Responses about funding levels after USAID assistance terminated were: 52 percent positive; 35 percent negative; 4 percent found it only "partly" adequate while 9 percent had no opinion.

14. Respondents were then asked about the groups and organizations actually affected by the project. Twenty-two out of the 23 respondents answered this question. All agreed that the target group (ultimate beneficiaries) benefitted from the project while 95 percent identified groups other than the target group who also benefitted. The latter were identified as foreigners (from the West African region) who came for treatment, non-Liberians living in Liberia, and "rich people", those who can afford private clinic treatment, but who come to JFK because treatment fees are low. Sixty-five percent correctly identified the intended institutions as having benefitted, while 73 percent identified non-intended institutions and organizations who indirectly benefitted. Among the latter category were listed: Ministry of Education (because of the Medical School) other Ministries and agencies of Government, private companies who send their employees to JFK for low-cost treatment, and private sector companies who supply the Medical Center.

15. When asked about the project's impact on target groups and institutions, 87 percent responded that the impact was positive, while 13 percent found it partly positive. They reported that the health status of the target group (as illustrated by basic health indicators) has improved and that the facility is well used. It increased the level of health care and has created more demand for health facilities and technicians nationwide.

16. Respondents were then asked whether or not there was any impact on GOL policy as a result of this project being implemented, and if so, whether this impact was positive or negative. Seventy-one percent expressed the view that the project had policy impact and that this impact had been positive; 24 percent did not know; while 5 percent stated that the project had no policy impact. In illustration of positive policy impacts, some examples follow:

- It had an impact on budgetary-and financial policy since JFK accounts for half the health budget;
- it had an impact on health policy since JFK has become the referral hospital for special cases and constitutes the apex of the health delivery system;

- small children and destitutes receive free medical care;
- giving JFK autonomy and having it manage its own funds has cut down bureaucratic red tape;
- Government always wanted to improve health care delivery to the rural areas and having JFK (to train health personnel) has made the difference;
- there has been a new policy to train "physician assistants" (rural health workers) at JFK;
- a new policy has been implemented regarding a certain level or standard of health personnel quality and performance.

17. When asked to rank the overall benefit of the JFK project on Liberia as a whole on a scale from 1 (low) to 5 (high), 13 percent rated it 3, 35 percent rated it 4 and 52 percent rated it 5.

18-19. Since most development projects have unintended side effects both positive and negative, respondents were asked to comment on this aspect as well. Sixty-one percent thought it had unintended side effects; 9 percent thought it did not, while 30 percent did not know about this. Of those who thought it had side effects, 57 percent listed negative side effects, 14 percent listed both negative and positive, while 29 percent mentioned positive side effects only.

Some of the negative side-effects were considered to be:

- it had a negative effect on the Liberian economy because of the inefficiency. GOL is losing substantial amounts from services rendered;
- it must have had some negative side effects because people are complaining, especially about the equipment;
- trained people refused to go home where they were most needed. Furthermore, in terms of funding, these are inadequate for a modern medical center such as the JFK complex;
- pay scales and incentives for doctors were low initially and most doctors left to practice elsewhere;
- the maintenance and recurrent costs of running the Center (are too high); these (two) elements were not intended and not foreseen;
- other hospitals and clinics refer patients (to JFK) when they can get treated locally; this causes great pressure on JFK at present;
- it suffers from overcrowdedness; patients can not get served properly

Positive side effects were considered to be:

- exchange of personnel (medical doctors, interns, residents) with other hospitals and other countries;
- the Medical Supplies Depot (central supply facility for medical supplies for all government hospitals and clinics) was a positive offshoot of the project; in addition, the physician assistants ("barefoot doctors") training program at TNIMA -- not originally planned -- benefits rural health centers;
- benefit of JFK to rural health program: the outreach function of JFK; it also benefitted the Lofa County Rural Health project;
- it was not planned as a teaching hospital; however, JFK is serving that purpose now and is serving it well.

20. In response to the question as to who is generally regarded as being responsible for the project, in carrying it out, the distribution was as follows:

USAID only	=	17 percent
GOL only	=	26 percent
GOL & USAID	=	52 percent
GOL, USAID & Others	=	5 percent

21. When asked whether or not a similar project would be appropriate elsewhere in Liberia, 20 percent responded negatively while 74 percent gave a positive response. However, the general drift of the response was that a duplication of a large medical center elsewhere in Liberia was not needed (one respondent noted that "Liberia can only afford one JFK"), but that smaller versions of JFK would be appropriate upcountry and that much needed to be done additionally in the health sector to put medical services within the reach of all Liberians.

22. Respondents were then asked if they would change the design of a similar project today. This question was generally misinterpreted because the meaning of the word "design" was thought to be physical lay-out and architecture. Those who did correctly interpret the question as to the "project design" meaning, responded that they would prefer to have it done differently if the JFK project was being designed today:

- consultation and planning, especially on the technical level should be improved, it is preferable to give Liberia the money and choice of markets to obtain supplies and equipment, rather than having it tied to US suppliers and sometimes unsuitable equipment;

- financial support should be incremental rather than de-cremental (note: it was explained that USAID funds dwindled and phased out at the time equipment began to wear out and needed to be replaced); management should be in the hands of Liberians initially, and USAID should come in with all their technicians and more money to build up the project; planning should be done in consultation with local people so that their views can be taken into consideration; design and site should be mutually decided;
- improve the planning stage; better consideration of alternatives; a big modern hospital vs. a number of small, compact (concession-type) hospitals;
- more professional rather than political inputs; better site selection; better cooperating agency participation;
- structural changes; more simplified operations; less sophisticated equipment; cut down administrative costs;
- improve transportation and logistical systems; employ more doctors for the number of patients; GOL to allocate more money; outreach function to be emphasized;
- more attention to recurrent cost element; pre-project consultation to be improved;
- all aspects of planning; gear it towards the use of local materials and resources; use local industry; set more specific objectives and better define target groups.

23. (Repeats an earlier question in essence.)

24. Seventy percent of the key informants stated that the institution constitutes a viable entity today, 13 percent considered it partly viable, while 17 percent did not think it was a viable institution, being able to exist without further outside assistance. Those in the latter group explained their point of view in the following manner:

- we still need a lot of outside assistance in specialized functions;
- JFK still needs assistance, it needs expansion;
- we need more operating funds and we need to have the Maternity Center located adjacent to JFK;

- we need more and better staff and more equipment.

Other responses were positive although most qualified them with statements that additional outside assistance would still be useful to firmly establish the institution and get it away from its perceived "precarious existence". Others responded: "We are existing, aren't we?"